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Bib Data Sheet

CONFIRMATION NO. 2840

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 09/818,092    | 03/26/2001               | 315   | 2817           | 27376-3                |
| RULE          |                          |       |                |                        |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/192,731 03/27/2000 and claims benefit of 60/224,059 08/09/2000  
 and claims benefit of 60/224,298 08/10/2000  
 and claims benefit of 60/224,290 08/10/2000  
 and claims benefit of 60/224,291 08/10/2000  
 and claims benefit of 60/224,257 08/10/2000  
 and claims benefit of 60/224,289 08/10/2000  
 and claims benefit of 60/224,866 08/11/2000  
 and claims benefit of 60/234,415 09/21/2000  
 and claims benefit of 60/224,061 08/09/2000  
 and claims benefit of 60/224,060 08/09/2000  
 and claims benefit of 60/224,503 08/10/2000  
 and claims benefit of 60/224,961 08/11/2000  
 and claims benefit of 60/224,617 08/11/2000  
 and claims benefit of 60/246,662 11/07/2000  
 and claims benefit of 60/253,261 11/27/2000  
 and claims benefit of 60/254,727 12/11/2000  
 and claims benefit of 60/270,857 02/21/2001  
 and claims benefit of 60/262,537 01/17/2001  
 and claims benefit of 60/262,536 01/17/2001  
 and claims benefit of 60/241,198 10/17/2000  
 and claims benefit of 60/262,538 01/17/2001  
 and claims benefit of 60/265,945 02/01/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 05/30/2001

|                                 |   |                     |                   |                 |                       |
|---------------------------------|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA                  | 4                 | 29              | 4                     |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                     |                   |                 |                       |

## ADDRESS

35023

## TITLE

High intensity light source

## FILING FEE

FEES: Authority has been given in Paper

☐ All Fees☐ 1.16 Fees ( Filing )

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1968

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